

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

PAD01459537511

II. Name of Installation (Include company and specific site name)

△ BEST CHEVROLET

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

245 N MAIN ST

Street (Continued)

City or Town

SPRING GROVE

State

Zip Code

PA 17362-

County Code

County Name

133 YORK

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

245 N MAIN ST

City or Town

SPRING GROVE

State

Zip Code

PA 17362-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

△ SHEARER

SUSAN

Job Title

Phone Number (Area Code and Number)

SRV MANAGER

717-225-4700

VI. Installation Contact Address (See instructions)

A. Contact Address
Location

Mailing

B. Street or P.O. Box

☒☐

245 N MAIN ST

City or Town

SPRING GROVE

State

Zip Code

PA 17362-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

△ RUSSELL WANTZ

Street, P.O. Box, or Route Number

245 N MAIN ST

City or Town

SPRING GROVE

State

Zip Code

PA 17362-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

717-225-4700

P

P

Yes

X

No

Month

Day

Year

11/01/97

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

1. Used Oil Recycling Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

2. Corrosive (D002)

3. Reactive (D003)

4. Toxicity Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒☐☐☒

+

D006

+

D008

+

D018

+

D027

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
F005
7

2
F003
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Susan A. Shearer

SUSAN A. SHEARER SRV MGR.

2/8/99

XI. Comments

Safety-Kleen helped complete this form.

✓cm

New Owner & Name Change

OFN: All Star Chevrolet

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

BAH/MS 4/15/99

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste ActivityPlease refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**For Official Use Only**

Comments

C

C

Installation's EPA ID Number

Approved

Date Received (yr. mo. day)

C

F

T/A C

1

I. Name of Installation

ALL STAR CHEVROLET

Coded 6/13/88

II. Installation Mailing Address

Street or P.O. Box

C

3

245 NORTH MAIN STREET

City or Town

State

ZIP Code

C

4

SPRING GROVE

PA 17362

III. Location of Installation

Street or Route Number

C

5

245 NORTH MAIN STREET

City or Town

State

ZIP Code

C

6

SPRING GROVE

PA 17362

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

LEESE STERLING

172254700

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

MICHAEL SHUMAN

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**☒ 1a. Generator☒ 1b. Less than 1,000 kg/mo.☐ 2. Transporter☐ 3. Treater/Storer/Disposer☐ 4. Underground Injection☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification**VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)**☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**☐ A. Air☐ B. Rail☐ C. Highway☐ D. Water☐ E. Other (specify)**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

PAD014595375

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
*F001	*F002	*F003	*F004	*F005	
7	8	9	10	11	12
Coked 6/13/88					

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable (D001)

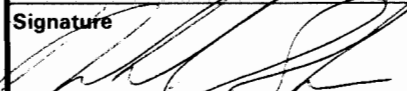
☒ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☒ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Michael Shuman Pres.	Date Signed 6-1-88
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United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste ActivityPlease refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**For Official Use Only**

Comments											
C											
C											
Installation's EPA ID Number								Approved			
C								T/A	C		
F									1		

Scraped to
pages 1 and 2.**I. Name of Installation****II. Installation Mailing Address**

Street or P.O. Box											
C											
3											
City or Town								State		ZIP Code	
C											
4											

III. Location of Installation

Street or Route Number											
C											
5											
City or Town								State		ZIP Code	
C											
6											

IV. Installation Contact

Name and Title (last, first, and job title)								Phone Number (area code and number)			
C											
2											

V. Ownership

A. Name of Installation's Legal Owner								B. Type of Ownership (enter code)				
C												
R	R	O	S	S	E	L	L	W	A	N	T	Z
												P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
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VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
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IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number													

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C

C

Installation's EPA ID Number

Approved

C

T/A C

F

1

Stapled to
pages 1, 2, and 3.

I. Name of Installation

II. Installation Mailing Address

Street or P.O. Box

C

3

City or Town

State

ZIP Code

C

4

III. Location of Installation

Street or Route Number

C

5

City or Town

State

ZIP Code

C

6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

MICHAEL MEAGER

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number



A Division of Sun Oil Company of Pennsylvania

P.O. BOX 7368, PHILADELPHIA, PA. 19101/1845 WALNUT STREET, PHILADELPHIA, PA. 19103

November 26, 1980

EPA Region III
P. O. Box 1480
Philadelphia, PA 19107

ATTN: Ms. Shirley Bulkin

RE: RCRA Notification Forms - Status Charge Facilities
Owned, Operated or Supplied Product by Sunmark
Industries, A Division of Sun Oil Company of Pennsylvania

Dear Ms. Bulkin:

In an earnest attempt to meet all the new federal requirements of the hazardous waste management regulations, Sunmark Industries, a division of Sun Oil Company of Pennsylvania, filed hazardous waste activity notification forms for all facilities that we owned, operated or supplied products to. Please see appended letters which explain notification procedure.

When the original RCRA notification forms were filed in August, we filed for both generation and storage/treatment/disposal activities. Since that time, new legislation was promulgated. This legislation appears in the October 30, 1980 Federal Register and defines when a waste first becomes a waste. It clearly establishes that our facilities are not storage facilities. Consequently, since our facilities are not storage facilities, they will not be filing any storage/treatment/disposal permit applications.

In order not to hinder your agency's search for illegally operated hazardous waste facilities, we, at Sunmark, respectfully request the removal of all our facilities named on the storage/treatment/disposal list.

Thank you for your cooperation.

Sincerely,

SUNMARK INDUSTRIES, A Division
of Sun Oil Company of Pennsylvania

Marsha S. Weiss/sc
Marsha S. Weiss
Environmental Specialist

*Check Sunoco files
& regular files
Pull out
Sunoco serv. STATIONS
Cam II
Montour
Lil Kwide stuff*

Hazardous Waste Quantity Notification

Business Name

Luckenbach Char. Co.

Business Address

245 N. Main St.

Spring Grove, Pa 17362

EPA ID Number

23-1317958

PAD0014595375

Hazardous Waste Generated

0 - 100 kg/month

☐

100 - 1000 kg/month

☒

1000 kg/month or more

☐

Delores B. Luckenbach Pres.

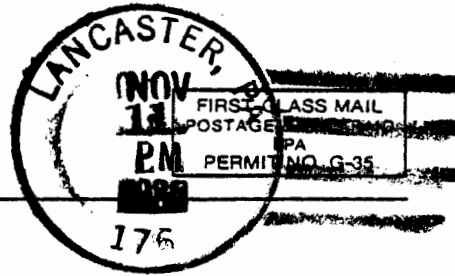
Signature and Title



Official Business
Penalty for Private Use
\$300

United States
Environmental Protection
Agency

Washington DC 20460



JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGION III
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

I.D. - FOR OFFICIAL USE ONLY														
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
W	P	A	D	0	1	4	5	9	5	3	7	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

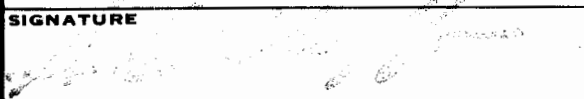
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) A. B. Chieffo Mgr, Environmental, Safety- Health and Security	DATE SIGNED 8/4/80
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U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

RECEIVED
RCRA SECTION
EPA REGION III

AUG 18 80000350

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FPAD01459537521

800818

I. NAME OF INSTALLATION

LUCKENBAUGH CHEVROLET CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3245 N MAIN ST

CITY OR TOWN

ST.

ZIP CODE

45 SPRING GROVE

PA 17362

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME 245 N Main ST

CITY OR TOWN

ST.

ZIP CODE

6 Spring Grove

PA 17362

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 GRAY DON MAINT MGR

301-341-6100

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 SUN OIL COMPANY OF PENNSYLVANIA

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION
☒ C. TREATMENT/STORAGE/DISPOSE
 4/13/81
☐ B. TRANSPORTATION (complete item VII)☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER



• PAD 01 459 5375

INSTALLATION ADDRESS



Mr. Don Gray
Luckenbaugh Chevrolet Co.
245 N. Main Street
Spring Grove, PA 17362

245 N. Main Street
Spring Grove, PA 17362



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PADC14595375 04/20/99

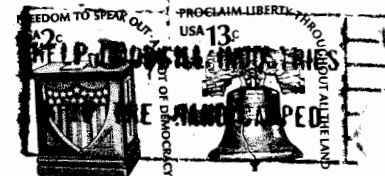
INSTALLATION ADDRESS

BEST CHEVROLET
245 N MAIN ST
SPRING GROVE , PA 17362
SUSAN SHEARER SVC MGR

245 N MAIN ST
SPRING GROVE , PA 17362



Luckenbaugh Chevrolet Co.
245 N. Main St. P.O. Box 38
Spring Grove, PA. 17362



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106